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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
County <u>Cochise</u>			BUREAU OF VITAL STATISTICS	State Index No. <u>70</u>
District <u>Douglas</u>			ORIGINAL CERTIFICATE OF DEATH	
Town <u>Douglas</u>			County Registered No. <u>1330-11</u>	
Or City <u>Douglas</u>			Local Registrar's No. <u>1330-11</u>	
No. <u>1330-11</u> St. <u>1330-11</u>				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Mrs Adeline Braymen</u>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX <u>4</u>	Color or Race <u>White Indian</u> <u>Black Chinese</u> <u>Mexican</u>	SINGLE <u>MARRIED</u> WIDOWED OF DIVORCED		
DATE OF BIRTH <u>October 11 1938</u> (Month) (Day) (Year)				
AGE <u>49</u> yrs. <u>3</u> mos. <u>13</u> days If less than 1 day... hrs., or... min.				
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer)				
BIRTHPLACE (State or country) <u>Penn</u>				
PARENTS	NAME OF FATHER <u>Ephraim Springer</u>			
	BIRTHPLACE OF FATHER (State or country) <u>Conn</u>			
	MAIDEN NAME OF MOTHER <u>Mary Radler</u>			
	BIRTHPLACE OF MOTHER (State or country) <u>Conn</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Fletcher F. Murratt</u>				
(Address) <u>1330-11st Douglas</u>				
PLACE OF BURIAL OR REMOVAL <u>Douglas</u>		DATE OF BURIAL OR REMOVAL <u>Jan 15 1918</u>		
UNDERTAKER <u>Cadwell</u>		ADDRESS <u>Douglas Ariz</u>		
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH <u>Jan 24th 1918</u> (Month) (Day) (Year)				
I hereby certify, that I attended deceased from <u>Jan 21 1918</u> to <u>Jan 24 1918</u> ; that I last saw h. <u>Jan 23 1918</u> alive on <u>Jan 23 1918</u> , and that death occurred on the date stated above at <u>6 a</u> M. The DISEASE or INJURY causing death was as follows: <u>Chronic dysentery</u>				
(Duration) <u>2</u> yrs. <u>2</u> mos. <u>24</u> days				
Was disease contracted in Arizona? <u>No</u>				
If not, where? <u>Penn</u>				
CONTRIBUTORY (Duration) <u>2</u> yrs. <u>2</u> mos. <u>24</u> days				
(Signed) <u>E. W. Madison</u>				
<u>Jan 24 1918</u> (Address) <u>Douglas Ariz</u>				
In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL				
LENGTH OF RESIDENCE				
At place of death... yrs. ... mos. ... ds. In Arizona... yrs. ... mos. ... ds.				
Former or Usual Residence				
Filed <u>Jan 15 1918</u> <u>John Leonard</u>				
Filed <u>Jan 15 1918</u> <u>C. H. Smith</u>				
Local Registrar County Registrar				